

<b>Case Number:</b>	CM15-0029202		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40-year-old male who sustained an industrial injury on 5/13/11 involving his upper, lower and mid back pain along with neck pain. He is currently experiencing persistent back pain and spasms with radiation into the left leg, numbness and tingling in his left fingers, toes and arm pain. Medications include Tramadol, naproxen, Flexeril, Neurontin and trazodone. Diagnoses include discogenic lumbar and cervical condition; chronic pain syndrome. Treatments to date include acupuncture, chiropractic and massage therapies, which help to improve his function, ice, heat transcutaneous electrical nerve stimulator unit which reduces pain, lumbar epidural steroid injection (12/12). He is currently receiving medication and no other treatments. Diagnostics include MRI revealing bulging at L4-5 and disc extrusion at L5-S1; nerve conduction studies (6/11) revealing involvement of left L5 root; nerve studies (1/13) revealing ulnar nerve involvement. In the progress note dated 12/20/14 the treating provider requested approval for Flexeril for muscle spasms, Tramadol for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retro: Flexeril 7.5mg #60 DOS: 12/30/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic radiating neck and radiating low back pain. The claimant has not returned to work. The requesting provider does not document the effectiveness of the requested medications. Other treatments referenced as decreasing pain are chiropractic care and acupuncture. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use and was therefore not medically necessary.

**Retro Tramadol ER 150mg #30 DOS: 12/30/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic radiating neck and radiating low back pain. The claimant has not returned to work. The requesting provider does not document the effectiveness of the requested medications. Other treatments referenced as decreasing pain are chiropractic care and acupuncture. Tramadol ER is a sustained release formulation and would be used to treat baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there appears to be poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Tramadol ER was not medically necessary.